

Registration Form

Send completed registration to:

Casey Powell Lacrosse LLC
1515 Route 31, Bridgeport, NY 13030
315-217-0438 fax 315-882-6612 phone
info@CaseyPowellLacrosse.com



Player Information

First Name _____ Last Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Parent/Guardian Name _____

Email Address _____ US Lacrosse # _____

Playing Experience (# of years) _____ Beginner Elementary School Middle School Jr. Varsity Varsity

Position(s) Played: Attack Midfield Defense Goalie

Parent / Guardian Authorization

In consideration of being permitted to participate lacrosse camps and/or clinics from Casey Powell Lacrosse LLC at the selected location the undersigned, to the extent permitted by law, for his/herself, and his/her personal representatives, heirs and next of kin, hereby releases, waives and forever discharges the Company, the Provider, their respective officers, agents, employees, and successors and assigns, of and from any and every claim, demand, action or right of action, of whatever kind or nature, arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of the Participant's participation in the Activity and Releasor agrees to indemnify and save said Company and Provider harmless of and from all trouble, cost and expense of every name, kind and description for and on account of Releasor's participation in the Activity.

THE UNDERSIGNED ACCEPTS, UNDERSTANDS AND ASSUMES THAT THERE IS A RISK OF INJURY IN THE ACTIVITY, DUE TO THE PHYSICAL NATURE OF THE ACTIVITY. THE RELEASOR AGREES TO FOLLOW ALL INSTRUCTIONS AND TO HAVE PARTICIPANT WEAR ALL NECESSARY, RECOMMENDED AND APPROPRIATE GEAR AND EQUIPMENT.

The Undersigned further acknowledges that he/she has carefully read the foregoing release, waiver and indemnification and knows its contents and signs this release and waiver on his or her own free will.

➔ Signature _____ Date _____

Insurance Carrier _____ Policy# _____

I understand Casey Powell Lacrosse LLC retains the right to use for publicity and advertising purposes, photographs / videos taken of camper.

➔ Signature _____ Date _____

Payment Information

All camp registrations are due prior to start of camp. All payments are final unless cancellation is due to a health-related emergency accompanied by a note from a medical doctor. Camp and clinic fees are non-refundable and full payment is due at time of registration.

Amount of enclosed check* \$ _____ Payable to Casey Powell Lacrosse LLC
*\$20 returned check fee

Pay by Credit Card: (only Mastercard/VISA/AMEX accepted)

Name on Card: _____

Card Number: _____ Exp. Date _____

Security Code: _____ Amount of Charge: \$ _____

➔ Card Holder Signature: _____

2010 Camps / Clinics

July, 26-28, 2010
Austin Park
Skaneateles, NY

Day \$200

July, 29-30, 2010
Fenner Rd. Fields
Cazenovia, NY

Day \$100

August 1-4, 2010
Golden Goal Park
St. Ann, NY

Day \$322

Overnight \$422

add/Specialty Clinic \$100